

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number W 50 00 7 2 4 6 8 4 6		2. Page 1 of 1	3. Emergency Response Phone 800 483 3776		4. Manifest Tracking Number 008037567 FLE			
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219 (316) 269-7400					Generator's Site Address (if different than mailing address) SAME					
6. Transporter 1 Company Name US Bulk Transportation Inc.					U.S. EPA ID Number PA 98734750					
7. Transporter 2 Company Name					U.S. EPA ID Number					
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wynoka, OK 73086 (580) 697-3500					U.S. EPA ID Number OK D065438376					
Facility's Phone:										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
					No.	Type				
	X	1. HAZARDOUS WASTE, SOLID, N.O.S., (FOUL, FOOS), S, PG III			1	DT	EST 16	Y	FOU1 FOU2 FOU3 FOU4 FOU5	
		2.								
		3.								
	4.									
14. Special Handling Instructions and Additional Information 1 CH541502X08 EREN171 TR# 8733 TRFF 573A										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name Jim Tyson					Signature <i>Jim Tyson</i>		Month 12	Day 5	Year 15	
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name JAMES H WILKINS					Signature <i>James H Wilkins</i>		Month 12	Day 15	Year 15
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name					Signature		Month	Day	Year
	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	18b. Alternate Facility (or Generator)					Manifest Reference Number: _____ U.S. EPA ID Number _____				
	Facility's Phone: _____					18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. W132		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name					Signature		Month	Day	Year	

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008037567 FLE
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219 Generator's Phone: (316) 268-7400			Generator's Site Address (if different than mailing address) SAME		
6. Transporter 1 Company Name US Bulk Transportation Inc			U.S. EPA ID Number PA98734750		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40385 S County Road 236 Wannoka, OK 73866 Facility's Phone: (580) 697-3500			U.S. EPA ID Number OKD065438376		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.
x	1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), 9, PG III	1	DT	EST 16	Y
	2.				
	3.				
	4.				
13. Waste Codes					
					F001 F002 F003
					F004 F005
14. Special Handling Instructions and Additional Information 1. CH621502X05, ERG#171 TR# 573 TUFF 573A					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offor's Printed/Typed Name Jim Tyson		Signature <i>Jim Tyson</i>		Month 12	Day 5
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name JAMES N WINE		Signature <i>James N Wine</i>		Month 12	Day 5
Transporter 2 Printed/Typed Name		Signature		Month	Day
18. Discrepancy					
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____					
Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H132	2.	3.	4.	15-1324	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name Norma Sparkman		Signature <i>Norma Sparkman</i>		Month 02	Day 06
				Year 15	